



References (s): K.S.A. 31-133, K.A.R. 22-18-2, 06-101/19.7.1.2, 06-IFC/405

FIRE FACT 084 – FIRE DRILLS

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The purpose of a fire drill is to practice the swift removal of all building occupants to a safe area of refuge.

BEFORE THE DRILL

1. Remember that all exits are to be unlocked and unobstructed.
2. Designate specific staff members to be responsible for the planning and scheduling of fire drills.
3. Designate a safe area at least 50 feet from the building. This area should be safe from dangers of fire, fire department operations, and public vehicles.

CONDUCTING THE DRILL – Keep it as real as possible

- *Conduct drills on different days of the week and at different times of day
- *Use the fire alarm system to initiate the fire drill
- *Remember to use a different initiating device each month
- *Don't announce the drills ahead of time
- *All occupants must participate (Exceptions for healthcare occupancies)
- *Utilize scenarios to gain staff participation
- *If any fire alarm equipment is found to be inoperable during the drill, it should be repaired immediately
- *After it is verified that a successful evacuation has taken place, the building may be occupied

SCHOOLS

- A fire drill must be held each month that school is in session. For schools with separate morning and afternoon sessions of kindergarten or preschool, monthly drills need to be conducted for each session.
- After the alarm sounds, students should proceed in an organized manner to their area of safety using a designated evacuation route. Staff should account for the children upon reaching the safe area.
- After the evacuation, faculty and staff should verify that all occupants have evacuated. Restrooms and other closed areas should be checked out by sight and voice.

HEALTHCARE

- A fire drill must be held once per shift per quarter. A silent drill may be conducted between the hours of 9:00PM and 6:00AM, a coded announcement may be used instead of the audible alarm.
- Once the fire emergency is discovered, the basic response of staff shall include the removal of all residents directly involved with the fire, provide notification to other building occupants, close all doors to try and confine the fire, and the relocation of residents to another protected area
- After the evacuation, faculty and staff should verify that all occupants have evacuated. Restrooms and other closed areas should be checked out by sight and voice.

DOCUMENTING THE DRILL

- *Completely fill out the form (Several different forms are provided below)

- *Each building must have its own separate drill record, count of participants, and evacuation time.
- *Keep completed yearly records for at least three years.

FIRE DRILL RECORD- GENERAL

Facility Name

Year(s) of drills

Address

Responsible Party Name and Title

City, State, Zip

Facility/License #

Phone

Fax

MONTH	DATE OF DRILL	TIME OF DAY	TIME FOR EVACUATIO N	NUMBER OF OCCUPANTS	RESPONSIBL E PARTY NAME
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January

Facility Name

Year(s) of drills

Address

Responsible Party Name and Title

City, State, Zip

Facility/License #

Phone

Fax

MONTH	DATE OF DRILL	TIME OF DAY	TIME FOR EVACUATIO N	NUMBER OF OCCUPANTS	RESPONSIBL E PARTY NAME
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January

February

March

April

May

June

July

August

Septembe

October

Novembe

Decembe

POST IN A CONSPICUOUS LOCATION

Facility Name

Year(s) of drills

When ALL REQUIRED DRILLS have been conducted, maintain the original or a copy of the drill record IN YOUR FILES ONLY for a period not less than 5 years for future reference and verification by the Office of the State Fire Marshal.

Address

Responsible Party Name and Title

City, State, Zip

Facility/License #

Phone

Fax

MONTH	DATE OF DRILL	TIME OF DAY	TIME FOR EVACUATIO N	NUMBER OF OCCUPANTS	RESPONSIBL E PARTY NAME
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FIRE DRILL RECORD- SCHOOLS

Facility Name

Year(s) of drills

Address

Responsible Party Name and Title

City, State, Zip

Facility/License #

Phone

Fax

MONTH

**DATE OF
DRILL**

**TIME OF
DAY**

**TIME FOR
EVACUATION**

**NUMBER OF
OCCUPANTS**

**RESPONSIBLE PARTY
NAME**

January

February

March

April

May

June

July

August

September

October

November

December

POST IN A CONSPICUOUS LOCATION

When ALL REQUIRED DRILLS have been conducted, maintain the original or a copy of the drill record IN YOUR FILES ONLY for a period not less than 5 years for future reference and verification by the Office of the State Fire Marshal.

SCHOOL DISTRICT

USD#
(WHEN APPLICABLE)

BUILDING NAME

CITY

TELEPHONE

FIRE DRILLS

<i>Month</i>	<i>Date of Drill</i>	<i>Time of Day Drill Conducted</i>	<i>Evacuation Time</i>	<i>Number of Occupants (Students & staff & guests actually participating in the drill)</i>	<i>Manual Pull Station or Smoke Detector or Automatic Sprinkler Valve</i>	<i>Official's Signature/ Title</i>
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August

September

October

November

December

January

February

March

FIRE DRILL RECORD – HEALTHCARE

Facility Name

Year(s) of drills

Address

Responsible Party Name and Title

City, State, Zip

Facility/License #

Phone

Fax

MONTH

**DATE OF
DRILL**

**TIME OF
DAY**

**TIME FOR
EVACUATIO
N**

**NUMBER OF
OCCUPANTS**

**RESPONSIBL
E PARTY
NAME**

January
February
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POST IN A CONSPICUOUS LOCATION

When ALL REQUIRED DRILLS have been conducted, maintain the original or a copy of the drill record IN YOUR FILES ONLY for a period not less than 5 years for future reference and verification by the Office of the State Fire Marshal.

SCHOOL DISTRICT

USD#
(WHEN APPLICABLE)

BUILDING NAME

CITY

TELEPHONE

FIRE DRILLS

Month

Date of Drill

***Time of Day
Drill
Conducted***

***Evacuation
Time***

***Number of
Occupants
(Students &
staff & guests
actually
participating
in the drill)***

***Manual Pull
Station or
Smoke
Detector or
Automatic
Sprinkler
Valve***

***Official's
Signature/
Title***

August

September

October

November

December

January

February

March

FIRE DRILL RECORD – HEALTHCARE cont.

Facility Name			Year(s) of drills		
Address			Responsible Party Name and Title		
City, State, Zip			Facility/License #		
Phone			Fax		
MONTH	DATE OF DRILL	TIME OF DAY	TIME FOR EVACUATIO N	NUMBER OF OCCUPANTS	RESPONSIBL E PARTY NAME
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

POST IN A CONSPICUOUS LOCATION

When ALL REQUIRED DRILLS have been conducted, maintain the original or a copy of the drill record IN YOUR FILES ONLY for a period not less than 5 years for future reference and verification by the Office of the State Fire Marshal.

SCHOOL DISTRICT	USD# (WHEN APPLICABLE)	BUILDING NAME	CITY	TELEPHONE
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FIRE DRILLS

<i>Month</i>	<i>Date of Drill</i>	<i>Time of Day Drill Conducted</i>	<i>Evacuation Time</i>	<i>Number of Occupants (Students & staff & guests actually participating in the drill)</i>	<i>Manual Pull Station or Smoke Detector or Automatic Sprinkler Valve</i>	<i>Official's Signature Title</i>
<i>August</i>						
<i>September</i>						
<i>October</i>						
<i>November</i>						
<i>December</i>						